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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application

Inventor: Apollon Papadimitriou

Group: 1653

Serial No. 10/780,297, filed February 17, 2004
(Ref. No. 20619 US1)

Examiner: Kam, Chih Min

For: **ERYTHROPOIETIN COMPOSITION**

AMENDMENT

Nutley, New Jersey 07110
March 14, 2005

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Amendment is in response to the Office Action dated December 17, 2004, a response to which is due on or before March 17, 2005.

Submitted herewith is a copy of a Rule 132 Declaration of Dr. Apollon Papadimitriou. The original Declaration was submitted to the Patent Office on February 17, 2004 in parent application USSN 09/853,731 (Case Docket 20619 US).

Serial No. 10/780,297
Filed: February 17, 2004

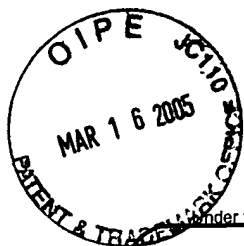
Applicants respectfully request entry of this amendment and consideration of the following remarks.

Amendments to the Drawings are presented at page 3.

Claim amendments are presented at pages 4-17.

Remarks begin on page 18.

Please amend the application as follows:



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|------------------------------|
| Application Number | 10/780,297 |
| Filing Date | February 17, 2004 |
| First Named Inventor | Apollon Papadimitriou |
| Art Unit | 1653 |
| Examiner Name | Kam, Chih Min |
| Attorney Docket Number | 20619 US1 |

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | -Amendment Fee Sheet | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|------------------------------------|
| Firm or Individual name | Patricia S. Rocha-Tramaloni |
| Signature | |
| Date | 3/14/2005 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|------------------------------------|
| Typed or printed name | Patricia S. Rocha-Tramaloni |
|-----------------------|------------------------------------|

Signature

Date

3/14/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



In re Patent Application

Inventor: Apollon Papadimitriou

Hoffmann-La Roche Inc.
340 Kingsland Street
Nutley, NJ 07110
March 14, 2005

Serial No. 10/780,297, filed February 17, 2004
(Ref. No. 20619 US1)

Examiner: Kam, Chih Min
Group: 1653

For: **ERYTHROPOIETIN COMPOSITION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

X An additional fee is required.

| (Col. 1) | | (Col. 2) | | (Col. 3) | |
|---|-------|---------------------------------------|------------------|----------|------------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDIT. FEE |
| TOTAL 63 | MINUS | 59 | 4 | x \$50 | 200.00 |
| INDEP. 3 | MINUS | 4 | 0 | x \$200 | --- |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + 360 | |
| TOTAL | | | | | <u>\$200.00</u> |

X Please charge my Deposit Account No. 08-2525 in the amount of **\$200.00**. This sheet is provided in duplicate.

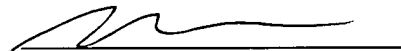
 A check in the amount of \$ is attached.

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| DEPOSIT ACCOUNT NO. 08-2525 OUR ORDER NO. <u>6011</u> |
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Serial No. 10/780,297
Filed: February 17, 2004

X The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2525. This sheet is provided in duplicate.

Respectfully submitted,



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